

CLAIMS ONLY							Application Number 10/069853		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			—				51					
2				—			52					
3				—			53					
4				—			54					
5			1				55					
6				1			56					
7				—			57					
8				—			58					
9				—			59					
10				—			60					
11				3			61					
12				2			62					
13				—			63					
14				—			64					
15				—			65					
16			1				66					
17			1				67					
18			1				68					
19				1			69					
20			1				70					
21				4			71					
22				4			72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			5				Total Indep					
Total Depend			16				Total Depend					
Total Claims			21				Total Claims					